

City of Flagstaff Parks and Recreation Community Events Survey for Residents and Public

OFFICE USE ONLY				
Date Rec'd.	Staff	RSVN#		
Level (A, B or C):				

Na	Name:			
Address:		Event Name:		
Le	ngth of time at current address:	Event Date:		
1.	How was the noise level for this event (please include the type of noise, i.e. music, people, vehicles, etc)? Prior to event:			
	During the event:			
	After the event:			
2.	2. Was the location surrounding the event accessible or convenient to you?			
3.	How was the traffic flow around the event and your residence (please note if streets were assesible, signage was understandable and if the area felt safe)?			
4.	Did the event begin on time and end on time?			
5. How do you think the event permit process can be improved, changed or modified to better suit your r		oved, changed or modified to better suit your needs?		
6.	If applicable, what items would you like to see revised or added in the Special Event Permit Packet?			
7.	What items work well within the new packet (which is planned for implementation in 2005)?			
8.	Additional comments:	Please complete this survey and return to Heather Ainardi, Community Events City of Flagstaff Parks & Recreation		

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